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United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Director-General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, submitted pursuant to Council resolution 2014/10.

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Report of the Director-General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

I. Introduction

1. The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established by the Secretary-General in 2013 by expanding the mandate of the Ad Hoc Inter-Agency Task Force on Tobacco Control, pursuant to Economic and Social Council resolution 2013/12. The Task Force was placed under the leadership of the World Health Organization (WHO), and coordinates activities of the relevant funds, programmes and specialized agencies of the United Nations system and other intergovernmental organizations to support the realization of commitments made by Heads of State and Government in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted in 2011 by the General Assembly in resolution 66/2, in particular through the implementation of the WHO global action plan for the prevention and control of non-communicable diseases 2013-2020, endorsed by the sixty-sixth World Health Assembly in its resolution WHA66.10. Following the issuance of the note by the Secretary-General to the Council transmitting the report of the Director-General of WHO on the Task Force (E/2014/55), the Council, in its resolution 2014/10, endorsed the terms of reference for the Task Force, including a division of tasks and responsibilities of its members, in June 2014. Pursuant to the resolution, the present report discusses the progress achieved by the Task Force since the submission of the previous report.

II. Work of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

2. Pursuant to Council resolution 2014/10, the work of the Task Force between June 2014 and June 2015 has been directed towards the implementation of the six objectives set out in its terms of reference, and in line with the Political Declaration, the 2014 outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (resolution 68/300), the WHO global action plan and the WHO global coordination mechanism on the prevention and control of non-communicable diseases.[1]

3. A workplan covering the period 2014-2015 was developed by the Task Force in line with the objectives set out in its terms of reference and consists of 43 actions. Members of the Task Force are working in partnership with one another to complete the actions, each of which has a lead agency. Progress reports are available from the WHO website.[2]

[1] See A67/14 Add.3 Rev.1 and WHA67/2014/REC/3, summary record of the seventh meeting of Committee A.

[2] www.who.int/nmh/ncd-task-force/en/.

Objective 1: to enhance and coordinate systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control non-communicable diseases and mitigate their impacts

Strengthen the capacities of United Nations country teams, including through joint programming

4. United Nations country team joint programming was accelerated by missions to Belarus (14-18 July 2014), Kenya (29 September-3 October 2014), India (8-12 December 2014) and Tonga (9-13 March 2015). The objective of the missions was to support country teams in their efforts to help countries to build and share solutions for the prevention and control of non-communicable diseases, and to establish a United Nations thematic group on non-communicable diseases, or other appropriate arrangements, to serve as platforms for joint support to national efforts to address non-communicable diseases. Efforts include integrating non-communicable diseases into the common country assessment and United Nations Development Assistance Framework, identifying opportunities for country team cooperation, including joint programming, and monitoring progress on the implementation of the activities of the country teams relevant to addressing non-communicable diseases. Participants included the heads of the resident organizations of the United Nations system, supported by senior representatives from the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Bank and WHO. In addition, a senior representative from the Joint United Nations Programme on HIV/AIDS (UNAIDS) joined the mission to Kenya, and the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) participated in the mission to Tonga.

5. The terms of reference for the joint programming missions were prepared by the WHO country offices and United Nations country teams, in close collaboration with ministries of health and planning. Support was provided by the secretariat of the Task Force. The missions included meetings with the country teams, ministries of health, finance, trade, agriculture, consumer affairs, sport and planning, civil society and, in some cases, selected private sector entities. The missions included engagement with the media in order to raise the profile of national efforts to address non-communicable diseases.

6. The country teams in countries that have hosted joint programming missions are now increasing their support to Governments in preventing and controlling non-communicable diseases. The missions have also provided the country teams with a better understanding of the current practical knowledge, available evidence and the outcomes of a review of international experience in how to support Governments in using "whole-of-government" and "whole-of-society" approaches to addressing non-communicable diseases.[3]

[3] Such outcomes include very cost-effective and affordable ("best buy") interventions; national multisectoral mechanisms (such as a high-level commission, agency or task force for engagement, policy coherence and accountability); a national multisectoral action plan; and a set of national targets based on the nine voluntary global targets for the prevention and control of non-communicable diseases contained in the WHO global action plan.

7. In response to requests received from country teams, the Task Force is planning to undertake missions to Barbados, China, Egypt, Jordan, Mozambique, Sri Lanka, Turkey and Viet Nam in 2015.

8. In addition, many WHO country offices have worked closely with resident country teams to scale up national responses to non-communicable diseases in order to increase access to interventions that reduce risk factors for non-communicable diseases and enable health systems to respond; develop national multisectoral policies and plans on non-communicable diseases; and increase the priority given to addressing non-communicable diseases in national health-planning processes and development agendas. WHO continued to provide technical assistance to developing countries through its programme budget for the biennium 2014-2015, which included a provision of $193 million.

Address the linkages between physical inactivity and physical education and sport

9. The Intergovernmental Committee for Physical Education and Sport of the United Nations Educational, Scientific and Cultural Organization (UNESCO) established an ad hoc working group charged with elaborating indicators, benchmarks and self-assessment tools for monitoring the implementation of the Declaration of Berlin, adopted at the fifth International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport, including an indicator for a 10 per cent relative reduction in the prevalence of insufficient physical activity.

10. WHO and UNESCO have developed quality physical education guidelines in English, French, Spanish and Portuguese and will begin implementing them in selected countries in 2015.

Address multisectoral policies to improve nutrition

11. FAO and WHO, in collaboration with the High-level Task Force on the Global Food Security Crisis, the United Nations Standing Committee on Nutrition, the International Fund for Agricultural Development, UNESCO, UNICEF, the World Bank, the World Food Programme, the World Trade Organization (WTO) and the International Food Policy Research Institute, jointly organized the Second International Conference on Nutrition, held in Rome from 19 to 21 November 2014. The Conference adopted the Rome Declaration on Nutrition and its companion Framework for Action. The outcome documents called for action to address the multiple burden of malnutrition through the food system, health care, education, social protection and water and sanitation. In paragraph 17 of the Rome Declaration on Nutrition, ministers and representatives of FAO and WHO recommend that the General Assembly consider declaring a decade of action on nutrition from 2016 to 2025 within existing structures and available resources.

12. The first Global Nutrition Report, published in 2014 by the International Food Policy Research Institute, described progress across the world in improving the nutrition status of countries. The report identifies bottlenecks and opportunities for action and for strengthening nutrition accountability at the country and global levels. It presents data on the prevalence of overweight among children under age 5 and adults. Country profiles on nutrition include data on metabolic risk factors for diet-related non-communicable diseases. The report references technical notes on

nutrition and the sustainable management of resources, measuring and tracking the access dimension of food security, and on the FAO Voices of the Hungry project.

Address the linkages between the harmful use of alcohol, violence and infectious diseases (HIV/AIDS and tuberculosis)

13. A regional meeting involving nine countries in sub-Saharan Africa on how to strengthen action on the harmful use of alcohol, interpersonal violence and HIV/AIDS was held in Namibia from 10 to 12 June 2014. The meeting was organized jointly by WHO and UNDP as part of wider efforts to build synergies between responses to the use of alcohol, gender-based violence, HIV/AIDS and tuberculosis. The countries that participated in the meeting are now developing national action plans, and at least four have been endorsed by their respective Governments.

Address the linkages between overweight, obesity, diabetes and the law

14. WHO, the International Development Law Organization and the University of Sydney conducted a consultation in the WHO Western Pacific region on overweight, obesity, diabetes and the law. The consultation brought together public health and legal professionals, advocates for consumer rights and other civil society representatives. Its focus was on identifying examples of legal and policy interventions already existing in the region that addressed obesity and diabetes from a prevention perspective; identifying the most important current and emerging legal issues, including trade and discrimination; identifying champions in reducing overweight, obesity and diabetes, ways of harnessing their involvement and ways of overcoming potential obstacles to drafting legislation; and developing technical recommendations on the way forward. Subsequently, WHO hosted a national consultation in Fiji on non-communicable diseases and the law and, with the International Development Law Organization, signed a memorandum to advance global collaboration on health, including diet, physical activity and legislation.

Promote the use of nuclear technologies in assessing body composition as a risk factor for non-communicable diseases

15. In 2014, the International Atomic Energy Agency (IAEA) and WHO signed practical arrangements to cooperate in the area of child nutrition. In addition, IAEA continued to support its member States in using nuclear techniques to assess obesity-related issues. A project to assess body composition in children and adolescents as a risk factor for chronic diseases was completed in 2014 and has led to better understanding of the relationship between body fat percentage, body mass index and future risk to health. The results will help countries to develop appropriate public health programmes that will reduce the burden of non-communicable diseases in the future.

Address the linkages between non-communicable diseases and the workplace

16. The International Labour Organization (ILO) has published updated global estimates of occupational injuries and work-related diseases, including non-communicable diseases, which account for 90 per cent of the global fatal work-related disease burden.

17. ILO has published two guides to support member States in integrating the prevention and control of non-communicable diseases into national occupational health and safety programmes: a national system for recording and notification of occupational diseases practical guide and a report on improvement of national reporting, data collection and analysis of occupational accidents and diseases.

18. From 28 to 30 April 2014, WHO and ILO convened an international consultation in Semnan, Islamic Republic of Iran, on universal health coverage for workers. The results of the collaboration included a road map for scaling up access to, and a set of indicators for measuring, health coverage for workers.

19. ILO and WHO jointly published the HealthWISE package, a practical and participatory quality improvement tool for health facilities. It aims to improve the working conditions of health-care workers and deliver better quality services for patients.

Address the linkages between trade and health

20. In November 2014, the secretariats of WTO, WHO and the World Intellectual Property Organization (WIPO) organized a workshop on trade and public health. The workshop involved a review of the system of multilateral trade agreements as part of wider action to address specific public health needs. A dedicated session was held on multilateral initiatives and international programmes regarding non-communicable diseases and the interface between trade and non-communicable diseases. Participants came from 30 members and observers of WTO and included government officials from health and trade departments and intellectual property offices.

Promote the use of mobile technologies in addressing non-communicable diseases

21. WHO and the International Telecommunication Union (ITU), in collaboration with a range of partners, continued to provide technical assistance to countries as part of a set of national programmes under the Be He@lthy, Be Mobile joint programme. Be He@lthy, Be Mobile uses mobile phone technology to deliver disease prevention and management information directly to individuals and strengthens health systems through the training of health workers. Seven countries involved in the programme (Costa Rica, Norway, the Philippines, Senegal, Tunisia, the United Kingdom of Great Britain and Northern Ireland and Zambia) are developing national mobile health programmes for non-communicable diseases. Planning and implementation documents have been developed in order to help to guide countries in the fields of tobacco cessation and diabetes. Mobile health programmes for cervical cancer, wellness, technology, monitoring and evaluation, and hypertension are expected to be finalized in 2015. In Costa Rica, the short message service (SMS) platform for tobacco cessation was heavily marketed by the national football team and resulted in a 40 per cent cessation rate in its first four months. At the time of the launch of the platform, 1,000 people were signing up each week. In Senegal, the mDiabetes platform sent 80,000 messages to 3,500 individuals with diabetes during Ramadan, a period of high sugar consumption. The same platform was used to send 4 million messages on Ebola prevention to the population of Senegal. Zambia is developing a national SMS-based service to encourage women to undertake cervical cancer screening. The infrastructure

developed in countries can be expanded over time to provide additional mobile solutions at the national level.

Promote healthy lifestyles for children and families

22. In keeping with its commitment under the WHO global action plan, UNICEF has collaborated with other members of the Task Force and the international "NCD Child" network to produce a public awareness and advocacy guide on healthy living and the prevention, control and management of non-communicable diseases in children and adolescents. The guide is designed for community workers, faith-based organizations, youth peer educators and the media in a range of settings and will eventually be included as a chapter in the United Nations global inter-agency communication tool "Facts for Life",[4] the new edition of which will be launched at the seventieth session of the General Assembly, in September 2015.

Enable health systems to respond to cancer

23. Through its Programme of Action for Cancer Therapy, IAEA led inter-agency comprehensive cancer control capacity and needs assessment (imPACT Review) missions to Costa Rica, Croatia, Fiji, Georgia, the Lao People's Democratic Republic, Mozambique, Panama, Peru, Rwanda and Uzbekistan. IAEA and WHO continue to collaborate with member States and assist them with cancer projects in the Programme's model demonstration sites in Albania, Ghana, Mongolia, Nicaragua, Sri Lanka, the United Republic of Tanzania, Viet Nam and Yemen. Examples of projects include early detection of breast and cervical cancer in Viet Nam; palliative care services in the United Republic of Tanzania; early detection, diagnosis and treatment of cervical and paediatric cancers in women and children in Nicaragua; and strengthening diagnostic services in Nicaragua. Two training courses (on developing a radiotherapy plan within a national cancer control programme and on priority actions for cancer control planning based on imPACT Review experience) were conducted by IAEA to enhance national cancer control capacities. IAEA provided assistance to its member States in all fields related to the safe and secure use of radiation medicine for cancer diagnosis and treatment through 120 national and regional technical cooperation projects, 11 audit missions for quality assurance in nuclear medicine and in diagnostic radiology, and provision of radiation dosimetry (thermoluminescent dosimetry) services. Nine guides, handbooks and syllabuses related to various aspects of radiation medicine for medical professionals were published in the past year.

Promote the use of nuclear medicine in the management of cardiovascular diseases

24. IAEA continued to support its member States in using nuclear science and technology to track and monitor cardiovascular diseases, with a focus on enhancing the clinical application of nuclear medicine in their management. An online seminar in nuclear cardiology was broadcast in 2014 in cooperation with the American Society of Nuclear Cardiology, two e-learning modules (on myocardial perfusion imaging and on a gallery of cardiology cases: asymptomatic patients) were released and a survey to identify variation in radiation doses from nuclear cardiology procedures was conducted in 66 member States.

[4] *Facts for Life* has been translated into 215 languages and is used in programmes supported by UNICEF in 150 countries.

Strengthen civil registration, vital statistics, disease and risk factor surveillance systems

25. WHO provided technical assistance to countries to strengthen the integration of surveillance of non-communicable diseases into national health information systems. Capacity-building workshops were conducted in 12 countries. Two regional workshops enabled national focal points for the surveillance of non-communicable diseases to exchange lessons learned when establishing national surveillance systems for non-communicable diseases and to encourage setting national targets for the prevention and control of non-communicable diseases.

26. The International Agency for Research on Cancer (IARC) has established four regional hubs for cancer registration, with plans for two more hubs to be launched. The hubs are part of the IARC-led Global Initiative for Cancer Registry Development, which assists countries in obtaining high-quality cancer incidence and survival data through the sustainable development of population-based cancer registries.

27. WHO has produced guidance to support the integration of the comprehensive global monitoring framework for the prevention and control of non-communicable diseases into national information systems. The guidance includes indicator definitions and specifications, and to date has been used in India, the Islamic Republic of Iran and South Africa.

Integrate indicators for non-communicable diseases into national information systems

28. WHO has produced a guidance note on how to integrate indicators for non-communicable diseases into national information systems, which has been applied in three countries.

29. IARC collated cancer incidence and mortality data from cancer registries and the WHO mortality database. Through regular updates of its GLOBOCAN online tool, IARC disseminates national estimates of cancer incidence, mortality, prevalence and disability-adjusted life years. GLOBOCAN presents these global statistics by age and sex for 27 major types of cancer in 184 countries worldwide.

Estimates of alcohol consumption based on data on food commodities for countries in which sales data on alcoholic beverages is unavailable or incomplete

30. Estimates by WHO of alcohol consumption were published in the 2014 edition of the global status report on alcohol and health, which used data from the FAO Statistics Division for 89 countries.

Integrate the prevention and control of non-communicable diseases into the response to humanitarian disasters and emergencies

31. In 2014, the number of displaced persons grew to the highest number since the Second World War. The Office of the United Nations High Commissioner for Refugees (UNHCR), WHO and a number of other Task Force members have jointly supported national programmes to address non-communicable diseases in humanitarian disasters and emergencies. Work is ongoing to develop a tool to assess the needs of internally displaced and refugee populations with non-communicable diseases, to promote cost-effective interventions to those with non-communicable diseases, and to develop an inter-agency emergency health kit to treat those with non-communicable diseases in emergencies.

Objective 2: to facilitate systematic and timely information exchange among entities of the United Nations system and intergovernmental organizations about existing and planned strategies, programmes and activities to prevent and control non-communicable diseases and mitigate their impacts, at the global, regional and national levels, including through the establishment of a virtual practice community for members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of United Nations system activities on the prevention and control of non-communicable diseases

Facilitate information exchange at the global level

32. The third meeting of the Task Force (New York, 16-17 June 2014) was hosted by UNICEF and co-chaired by UNICEF and WHO. The meeting was attended by 23 members, who reviewed the progress made in implementing the workplan for 2014-2015, agreed on an approach for joint programming missions and agreed on plans for joint programmes.[5]

33. The fourth meeting of the Task Force (Rome, 11-13 February 2015) was hosted by FAO and co-chaired by FAO and WHO. The meeting was attended by 17 members, who reviewed the progress of the workplan and discussed how to accelerate progress during 2015 and the structure and focus for the workplan for the period 2016-2017. Pursuant to Council resolution 2013/12, and in line with objective 3 of the WHO global action plan (to reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health-promoting environments), a day was devoted to tobacco control, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control.[6]

34. At the fourth meeting, members of the Task Force agreed to establish a thematic group on reducing the harmful use of alcohol, to be co-chaired by WHO and UNDP.

35. The Task Force prepared a discussion paper on how non-communicable diseases are reflected in the policies, strategies and plans of the governing bodies of members of the Task Force The paper reviewed the priority given to non-communicable diseases on the agendas of governing bodies of organizations of the United Nations system, particularly in the post-2015 development era, and included input from 23 members of the Task Force. It illustrated that, in 2014 and 2015, the issue of non-communicable diseases was discussed at meetings of the governing bodies of FAO, IAEA, UNHCR, UNICEF, ILO, the International Narcotics Control Board, ITU, the United Nations Standing Committee on Nutrition, WHO, WTO and the International Olympic Committee, and at the sixth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control. Members of the Task Force agreed to identify ways of including the issue of non-communicable diseases in the discussions of their governing bodies in the year ahead.

36. Although the structure of the workplan for 2014-2015 will remain as initially agreed, the Task Force agreed at the fourth meeting to develop the workplan for

[5] A summary of the meeting is available from http://www.who.int/nmh/ncd-task-force/en/.

[6] Available from http://www.who.int/nmh/ncd-task-force/en/.

2016-2017 with time-bound actions organized around the six objectives set out in the terms of reference for the Task Force. The Secretariat was asked to lead a process to develop the new workplan, taking into account the lessons learned from the workplan for 2014-2015.

Facilitate information exchange at the regional level

37. At the regional and subregional levels, informal collaborative arrangements between organizations of the United Nations system were established in 2014 in the European and Asia-Pacific regions. Informally referred to as regional task forces or regional thematic groups, the aim of these arrangements was to increase awareness of the avoidable burden resulting from premature mortality from non-communicable diseases, address linkages between non-communicable diseases and the work of the United Nations country teams, and promote dialogue and the sharing of knowledge and experience on addressing non-communicable diseases. A joint mission by the Task Force and the United Nations Pacific Inter-Agency Task Force on Non-communicable Disease Prevention and Control took place in Tonga in March 2015.

Objective 3: to facilitate information on available resources to support national efforts to prevent and control non-communicable diseases and mitigate their impacts, and to undertake resource mobilization for the implementation of agreed activities, including for joint programmes in accordance with guidelines of the United Nations Development Group

Track official development assistance for non-communicable diseases

38. Pursuant to paragraph 33 of the 2014 outcome document, in which ministers and representatives of States and Governments and heads of delegations committed themselves to inviting the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD) to consider developing a purpose code for non-communicable diseases in order to improve tracking of official development assistance in support of national efforts for the prevention and control of non-communicable diseases, the Director-General of WHO wrote to the Secretary-General of OECD in November 2014 to request guidance on ways and means to operationalize the commitment.

Resource mobilization for the implementation of activities of the Task Force

39. The majority of funds for activities under the workplan for 2014-2015 have come from voluntary contributions by members of the Task Force not specific to non-communicable diseases. As that approach is neither sustainable nor likely to result in the full implementation of the workplan, selected members are now developing joint programmes for action at the country level in accordance with the United Nations Development Group guidance note on joint programmes in order to mobilize resources for the prevention and control of cancer, for strengthening national and subnational governance for non-communicable diseases and for reducing the harmful use of alcohol. Work to provide information on available resources to support national efforts to prevent and control non-communicable diseases will follow the results of the efforts of the Working Group of the WHO global coordination mechanism on the prevention and control of non-communicable diseases to recommend ways and means of encouraging Member States and

non-State actors to realize the commitment included in paragraph 45(d) of the Political Declaration.

Protect activities of the Task Force from undue influence by vested interests

40. Members of the Task Force have shared their individual policies around conflicts of interest, including WHO in its report on practices of organizations of the United Nations system relating to conflict of interest in their engagement with the private sector.[7] The meetings of the Task Force have provided a forum for members to raise their concerns.

Objective 4: to strengthen advocacy in order to raise the priority accorded to the prevention and control of non-communicable diseases on the international development agenda, including the post-2015 development agenda, and sustain the interest of Heads of State and Government in realizing their commitments through statements, reports and participation in panels by high-level United Nations officials

Realize a road map of commitments

41. The 2014 outcome document sets out continued and increased efforts that are essential in order to realize the road map of commitments included in the Political Declaration. Paragraph 30 of the 2014 outcome document includes a number of time-bound measures to be implemented by Member States by 2015 and 2016. The Task Force reviewed the measures at its fourth meeting in order to strengthen support to Member States. The Secretary-General and the Director-General of WHO will submit to the General Assembly in 2017 a report on progress, which will serve as input to the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, in 2018.

42. At its 136th session (Geneva, 26 January-3 February 2015), the Executive Board of WHO reviewed the role of WHO in the follow-up to the 2014 high-level meeting of the General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.[8] In its decision EB136(13), the Executive Board requested the Director-General of WHO to publish a technical note in the coming months on how the Director-General will report in 2017 to the General Assembly on the national commitments included in the 2014 outcome document and the Political Declaration.

Include non-communicable diseases in discussions on the post-2015 development agenda

43. The report of the Open Working Group of the General Assembly on Sustainable Development Goals (A/68/970) includes a proposed target to reduce by one third by 2030 premature mortality from non-communicable diseases through prevention and treatment and to promote mental health and well-being.

44. In its resolution 68/309, the General Assembly decided that the proposal of the Open Working Group on Sustainable Development Goals contained in its report

[7] See document EB136/5.

[8] See document EB136/11.

should be the main basis for integrating sustainable development goals into the post-2015 development agenda, while recognizing that other inputs would also be considered, in the intergovernmental negotiation process at the sixty-ninth session of the Assembly.

Advocate the feasibility of achieving the nine voluntary global targets for the prevention and control of non-communicable diseases

45. In January 2015, WHO launched the global status report on non-communicable diseases 2014, the second of its kind. Members of the Task Force participated in the launch. The report identifies bottlenecks, opportunities and priority actions for attaining the nine targets. The baseline estimates for 2010 on mortality from and risk factors of non-communicable diseases are provided so that countries can report on progress starting in 2015. The report also provides the latest available estimates on mortality from non-communicable diseases (2012) and risk factors (2010-2012). The report calls upon all Governments to realize their commitments included in the 2014 outcome document.

46. In May 2014, WHO launched the global status report on alcohol and health, which provided a global overview of alcohol consumption in relation to public health, the health consequences of alcohol consumption and policy responses at the national level.

47. In close collaboration with the WHO global coordination mechanism on the prevention and control of non-communicable diseases, the Task Force is developing a global communications campaign advocating the feasibility of achieving the nine voluntary global targets for a world free of the avoidable burden of non-communicable diseases by the 2025 deadline, provided that countries and partners follow through on their shared commitments.

Objective 5: to incorporate the work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including by utilizing the matrix of work of the members of the Task Force on the implementation of the WHO Framework Convention on Tobacco Control, and to ensure that tobacco control continues to be duly addressed and prioritized in the new task force mandate

48. Members of the Task Force continue to acknowledge the special focus on tobacco control within the mandate of the Task Force and remain committed to ensuring that tobacco control continues to be duly addressed and prioritized.

49. Decisions made at the sixth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control included the adoption of implementation guidelines on price and tax measures, policy options and recommendations on economically sustainable alternatives to tobacco growing, and promotion of sustainable measures for implementation of the Framework Convention. In addition, the Conference of the Parties called for setting national targets by 2015 for the reduction of tobacco use by 2025, in line with the voluntary global targets for the prevention and control of non-communicable diseases. The decisions have implications for the work of the Task Force, as shown in the report of the Secretary-General on the Ad Hoc Inter-Agency Task Force on Tobacco Control (E/2012/70), in support of the assistance mechanisms established by the Conference of the Parties.

National coordination

50. UNDP continues to support the parties in meeting their general obligations under the Framework Convention. UNDP has participated in the joint needs assessment on the implementation of the Framework Convention through regional and country offices and resident coordinators in the Congo, Jamaica, the Lao People's Democratic Republic and Togo, and through regional meetings in the WHO European and Western Pacific regions. In 2014, UNDP and the secretariat of the Framework Convention published "Development Planning and Tobacco Control: Integrating the WHO Framework Convention on Tobacco Control into UN and National Development Planning Instruments".

51. In line with broader work to encourage United Nations country teams to integrate the prevention and control of non-communicable diseases into United Nations Development Assistance Frameworks, UNDP will continue to support all countries in including tobacco control in new United Nations Development Assistance Frameworks and in midterm reviews. UNDP and the World Bank will continue to attend regional meetings and participate in joint needs assessment missions.

Tobacco prices and taxes

52. The World Bank has continued to support tobacco control activities in line with its mandate (E/2012/70). It has achieved greater focus in supporting article 6 of the Framework Convention after restructuring its Health, Population and Nutrition Global Practice. The World Bank also participated in the sixth session of the Conference of the Parties and provided comments regarding the drafting guidelines of article 6 of the Framework Convention.

53. The World Bank, WHO and the secretariat of the Framework Convention are currently developing a joint workplan to support joint needs assessment missions and provide assistance to countries on price and tax measures.

54. WHO continued to provide technical assistance to ministries of finance to support and review existing excise tax systems. In addition, multi-country training workshops on tobacco taxation have been held.

Protocol to Eliminate Illicit Trade in Tobacco Products

55. Parties to the Framework Convention called for the advancement of ratification of and accessions to the Protocol during the sixth session of the Conference of the Parties. They also advocated the entry into force of the Protocol, including through appropriate forums such as the World Customs Organization, the United Nations Office on Drugs and Crime, WTO and other relevant international organizations. The secretariat of the Framework Convention is currently establishing a panel of experts to help to provide technical and legal advice to countries to accelerate the entry into force of the Protocol.

56. WHO has provided technical support to the secretariat of the Framework Convention in global and regional meetings to advance the ratification of the Protocol and build awareness through engagement with regional and economic groupings and customs unions. The theme for the 2015 World No Tobacco Day will be to end the illicit trade in tobacco products.

Policy recommendations on economically sustainable alternatives to tobacco growing

57. Several members of the Task Force participated in the fourth meeting of the Conference of the Parties working group on economically sustainable alternatives to tobacco growing. FAO plans to collaborate with the secretariat of the Framework Convention during 2015 to scale up technical assistance to parties in providing alternatives to tobacco growing.

58. During 2014, ILO participated in the working group on economically sustainable alternatives to tobacco growing and will continue to support the treaty work in this area.

Trade and tobacco

59. As noted in the report of the Secretary-General on the Ad Hoc Inter-Agency Task Force on Tobacco Control (E/2012/70), challenges to tobacco control measures under trade liberalization and investment protection represent new dimensions to litigation against tobacco control policies. Current examples include the WTO settlement proceedings by the Governments of Cuba, the Dominican Republic, Honduras, Indonesia and Ukraine against plain packaging legislation by Australia, and the legal challenges under bilateral investment agreements by Philip Morris International against the Governments of Australia and Uruguay for their packaging and labelling measures. At its sixth session, the Conference of Parties encouraged parties to cooperate in exploring possible legal options to minimize the risk of the tobacco industry making undue use of international trade and investment instruments to tobacco control measures and urged parties to promote multisectoral collaboration in trade and investment to take public health into account during trade negotiations. The secretariat of the Framework Convention is now working with the United Nations Conference on Trade and Development (UNCTAD) to report on the potential impact of new trade and investment provisions on implementation of the Framework Convention in developing countries.

60. WHO has provided technical support to countries facing legal disputes and to countries that are considering implementing policies that may result in future disputes. WHO has organized country and subregional training events for lawyers and public health advocates to build capacity to prevent and respond to international legal challenges that countries could face in the future. WTO, UNCTAD and WIPO need to be more involved in work to support countries in implementing the Framework Convention without being dissuaded by unfounded claims by the tobacco industry about trade or investment laws.

61. In 2014, UNCTAD participated in intercountry workshops on trade and tobacco control in the WHO European and Western Pacific regions and continued to provide support to countries upon request.

62. In order to enable parties to respond effectively to legal challenges by the tobacco industry, the secretariat of the Framework Convention has continued to work with the McCabe Centre for Law and Cancer knowledge hub. The United Nations University (UNU) is working with WHO and the secretariat of the Framework Convention to widen its network of institutions and experts for publication on the Framework Convention information platform.

63. The secretariat of the Framework Convention continues to participate under the umbrella of WHO as an observer to bodies of WTO, such as the Council for

Trade-Related Aspects of Intellectual Property Rights and the Committee on Technical Barriers to Trade. WTO will continue to share information on tobacco and trade as part of its work in the Task Force.

Tobacco and reproductive health

64. Following the publication in 2013 of its recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy, WHO is developing a set of operational tools for midwifery and smoking cessation services. WHO, UNICEF and UNFPA are looking to use the tools jointly in a number of countries (including Mauritius and the Philippines). The lessons learned will enable the scaling up of the initiative.

Knowledge hubs and South-South cooperation

65. Knowledge hubs covering thematic areas are being established. In addition to the McCabe Centre for Law and Cancer, knowledge hubs covering national coordination mechanisms, data collection and surveillance, and South-South cooperation are being established in Finland, India and Uruguay.

66. A matrix of work of the members of the Task Force for the implementation of the Framework Convention is available in the annex to the present report.

Objective 6: to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines

Establish a baseline for integrating work on non-communicable diseases into United Nations Development Assistance Frameworks

67. The WHO programme budget for the biennium 2014-2015 includes an output indicator that measures the number of countries that have integrated work on non-communicable diseases into their United Nations Development Assistance Framework. UNDP and WHO will jointly monitor the number of countries that have integrated work on non-communicable diseases into their Development Assistance Framework in order to enable the WHO secretariat to track results and report on progress to the World Health Assembly. In 2014, a review was carried out of the 62 countries that introduced a Development Assistance Framework during the biennium 2012-2013. The review showed that 15 of the countries (24 per cent) had integrated work on non-communicable diseases into their Development Assistance Framework. The 15 countries provide the global baseline (as of 1 January 2014) for the performance indicator.

68. WHO has set a target of doubling the baseline figure by 31 December 2015 to 30 countries that will have integrated work on non-communicable diseases into their United Nations Development Assistance Framework.

Provide guidance on how to integrate work on non-communicable diseases into the United Nations Development Assistance Framework

69. In February 2015, UNDP and WHO issued a guidance note on the integration of non-communicable diseases into the United Nations Development Assistance Framework. The objective of the guidance note is to assist member States in their efforts to integrate work on non-communicable diseases into the Development Assistance Framework processes.

70. The guidance note highlights the importance of ensuring that linkages are made between the prevention and control of non-communicable diseases and broader development issues, such as universal health coverage, social protection, governance and social determinants of health. It highlights linkages with other sectors, such as finance, trade, urban development and education, and describes the importance of engaging with all parts of government and society. The guidance note will be disseminated in 2015.

Mobilize United Nations country teams to integrate work on non-communicable diseases into United Nations Development Assistance Frameworks

71. In the follow-up to the second joint letter, of 24 February 2014, from the Administrator of UNDP and the Director-General of WHO to the United Nations country teams, a series of webinars to highlight action for United Nations staff at the country level was organized by UNDP, with support from WHO. The webinars highlighted the key elements of the letter, calling on country teams to accelerate the development of multisectoral joint programmes on the prevention and control of non-communicable diseases with a clear determination of financing, agency roles and coordination in the United Nations Development Assistance Frameworks; to support Governments in developing national targets that build on the WHO global action plan, including the nine voluntary global targets to be attained by 2025; and to assist Governments in the development, implementation and monitoring of national multisectoral policies and plans to achieve their national targets, in line with the WHO global action plan.

Framework for country action across sectors to improve health and health equity

72. Members of the Task Force are supporting the WHO secretariat in preparing a framework for country action across sectors for health and health equity, taking into account the Helsinki Statement on Health in All Policies, as requested by the sixty-seventh World Health Assembly in its resolution WHA67.12.

73. The framework for country action will be aimed at explaining how actions can be carried out effectively across sectors and all levels of government; to clarify the roles and responsibilities of different governmental and non-governmental actors; to provide practical steps and tools to facilitate planning, capacity-building, implementation, monitoring and evaluation of action across sectors; and to provide examples through case studies from countries. The draft framework will be reviewed by the World Health Assembly at its sixty-eighth session, in May 2015.

III. Conclusions

74. Remarkable progress has been made since June 2014, as illustrated in the report on progress as at December 2014 on the workplan covering the period 2014-2015. Many members of the Task Force have started to align their policies and resources to support the objectives of the Task Force. Sizeable gains have occurred even in the smallest programmes. The Task Force has catalysed action and demonstrated great power in engendering collective action for faster results in preventing and controlling non-communicable diseases. The foremost priority of the Task Force remains to assist world leaders in fulfilling their commitments and promises at the country level for a world free from the avoidable burden of non-communicable diseases.

75. However, progress in meeting the demand for technical assistance from developing countries to set national targets for 2025, in developing national multisectoral policies and plans on non-communicable diseases to achieve the national targets by 2025 and in strengthening national capacities to assess progress and monitor results has been insufficient and highly uneven among United Nations country teams. Bolder measures are needed urgently in order to accelerate efforts to equip country teams with the knowledge and expertise to support national efforts to address non-communicable diseases and mitigate their impacts. Country teams have an immediate opportunity to join forces and bring about a paradigm shift in the post-2015 development era by raising awareness about the national public health burden of non-communicable diseases and the relationship between non-communicable diseases, poverty and social and economic development, and by scaling up their support for national efforts to implement the following four time-bound national commitments included in the 2014 outcome document:

(a) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by WHO, to focus on efforts to address the impacts of those diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(b) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025, taking into account the WHO global action plan;

(c) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through the implementation of interventions and policy options to create health-promoting environments, building on guidance set out in appendix 3 to the WHO global action plan;

(d) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle, building on guidance set out in appendix 3 to the WHO global action plan.

IV. Recommendations

76. **The Economic and Social Council is invited:**

(a) **To take note of the present report;**

(b) **To request the Secretary-General to report to it in 2016, 2017 and 2018 on progress made in implementing Council resolution 2013/12, in preparation for a comprehensive review in 2018 by the General Assembly of the progress achieved in the prevention and control of non-communicable diseases;**

(c) **To continue to encourage Member States to realize their national commitments included in the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, in particular the four time-bound commitments for 2015 and 2016, in preparation for a comprehensive review in 2018 by the Assembly of the progress achieved in the prevention and control of non-communicable diseases;**

(d) **To call upon the members of the Task Force to continue to work together in a coordinated manner to support national efforts to implement the commitments included in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the 2014 outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, building on guidance set out in the WHO global action plan for the prevention and control of non-communicable diseases 2013-2020;**

(e) **To call upon the United Nations country teams to establish a resident thematic group or equivalent entity on non-communicable diseases, or incorporate non-communicable diseases as a theme within an existing thematic group working in the field of health to facilitate joint action among its members that would contribute to realizing the four time-bound commitments included in the 2014 outcome document, and to promote dialogue and cooperation on issues related to non-communicable diseases so that the country teams can contribute collectively to ensure that those issues are integrated into health planning and national development plans and policies, including the design process and implementation of the United Nations Development Assistance Framework.**

Annex

Updated matrix of work of the members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases for the implementation of the World Health Organization Framework Convention on Tobacco Control[a]

Article/issue	*Agency*	*Activities undertaken in 2014*	*Planned work for 2015 and 2016*
Article 5 (General obligations)	UNDP	Participated in needs assessments (four countries), two regional workshops and Conference of the Parties working group on economically sustainable alternatives to tobacco growing Africa Region study on status of article 5.2(a) finalized	Develop and publish guidance tool (article 5.2(a)) Follow up on integration of Framework Convention under United Nations Development Assistance Frameworks by parties under joint needs assessment Support Framework Convention knowledge hubs (article 5.2(a))
	WHO	Conducted country capacity-building workshops in five countries and the Eastern Mediterranean region to prevent and counteract industry interference (article 5.3)	Further workshops Continue to inform countries through the online tobacco industry monitoring database
Article 6 (Price and tax measures to reduce the demand for tobacco)	World Bank	Participated in intercountry workshops in European and Western Pacific regions and working group on price and tax measures to reduce the demand for tobacco	Support to agreed parties in implementing article 6 and guidelines Contribute to technical tools as requested by Conference of the Parties Link knowledge hubs to World Bank networks
	WHO	Conducted country engagements on tobacco taxation in 14 countries; multi-country meetings in two regional economic groupings World No Tobacco Day 2014: "Raise taxes on tobacco"	Continue engagement with ministries of finance and regional economic groupings Publication of the WHO report on the global tobacco epidemic with a focus on tobacco taxes and prices

[a] This matrix is an update to the matrix in the annex to document E/2013/61.

Article/issue	*Agency*	*Activities undertaken in 2014*	*Planned work for 2015 and 2016*
Article 8 (Protection from exposure to tobacco smoke)	ILO	–	Report on progress made in prevention and control of tobacco use in the workplace Undertake joint analysis of ILO Occupational Safety and Health Convention (No. 155) and Occupational Health Services Convention (No. 161)
	WHO	Worked with countries to strengthen smoke-free legislation, including bi-regional training of trainers; with governments to enforce smoke-free legislation in cities and major sports events (including Olympic Games and FIFA World Cup)	Finalize and publish research on smoke-free legislation enforcement Continue work on smoke-free cities and tobacco free Olympic Games
Article 11 (Packaging and labelling of tobacco products)	UNCTAD	Participated in the Conference of the Parties working group on economically sustainable alternatives to tobacco growing and in intercountry workshops in the European and Western Pacific regions Finalized technical papers	Joint paper on intellectual property and article 11 scheduled for publication in 2015 Support parties with advice in areas of intellectual property and investment agreements Invite participation from parties at regional capacity-building workshops
	WHO	Worked with countries to strengthen legislation on packaging and labelling and support them in legal challenges from the industry and others on their regulations (Australia, Thailand and Uruguay) and countries in process of adopting legislation (China)	Continue building capacity in countries for large graphic health warnings, especially plain packaging
Article 15 (Illicit trade in tobacco products)	World Customs Organization	Participated in workshops to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products	Facilitate entry into force of the Protocol
	World Bank	–	Facilitate entry into force of the Protocol

Article/issue	*Agency*	*Activities undertaken in 2014*	*Planned work for 2015 and 2016*
	WHO	Supported the secretariat of the Framework Convention in global and regional meetings to advance ratification of the Protocol	Develop a tool to estimate the level of illicit trade in tobacco products Technical support to secretariat of the Framework Convention to facilitate ratification of and accession to the Protocol, including in countries, subregions and economic groupings
Articles 17 and 18 (Provision of support for economically viable alternative activities)	FAO	Participated in and contributed to Conference of the Parties working group on economically sustainable alternatives to tobacco growing	Update the 2003 global study "Projections of tobacco production, consumption and trade to the year 2010" Scale up assistance to parties in the area of alternatives to tobacco growing Analyse policy options and recommendations, provide technical assistance to parties, establish a pilot project
	ILO	Participated in and contributed to Conference of the Parties working group on economically sustainable alternatives to tobacco growing	–
	UNCTAD	–	Publish study on tobacco value chain analysis and diversification Support knowledge hubs by cross-linking knowledge networks in UNCTAD
	WHO	–	Publish joint report with UNCTAD on tobacco agriculture and trade in Africa Analyse agricultural subsidies in tobacco Conduct workshop on alternative livelihood strategies in the South-East Asia region Develop a global analysis on tobacco and trade

Article/issue	*Agency*	*Activities undertaken in 2014*	*Planned work for 2015 and 2016*
Development	UNDP	–	Provision of technical support to resident coordinators' offices to fully implement post-needs-assessment action plan
			Initiate tobacco and sustainable development challenge study
Trade (and investment)	UNCTAD	–	Facilitate and make available training courses on international investment agreements
			Publish papers on international investment agreements and tobacco control policies
	UNU	–	Make network of institutions and experts available
	WTO	–	Support secretariat of the Framework Convention in sharing information on trade policies and tobacco control interface
	WHO	Provision of technical support to countries facing international legal challenges on packaging measures	Continue capacity-building on trade and tobacco
			Continue support to countries facing legal challenges on tobacco control
		Country and subregional training workshops on trade and tobacco (China, Thailand, Togo and Uganda)	
Health and human rights	Office of the United Nations High Commissioner for Human Rights/ UNICEF	–	Develop guidance on advertising of tobacco products and protection of children, adolescents and young people